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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875   |   |   |                                       | Application or Docket Number<br><b>10/580,698</b> | Filing Date<br><b>11/29/2006</b> | <input type="checkbox"/> To be Mailed |                                  |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|---|---|---|---------------------------------------|---|----------------------------------|---------------------------------------|----------------------------------|------------------------|--|----------------------------|--|------------------------|--|------------|------------|------------|---------------------------------------|--|----|--|--------------|-----------|--------------|---|-----------|---|------------------|-----------|-----------|---|-----|-----------|-----|------------------------|-----|------------------------|-----|--|-------|-----|--------|--|-----|--|--------|---|-----|-----|------------------------------|---|-------|------|-----|----------------------------------|------------|----|--------|--------|--------|--|--------|--|-----------|---|-----------------------|--|-----------------------|--|--------|---|---|--|-------|--|--|--|-------|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|-----------------------|--|--|--|-----------|--|---|--|---|------------------|-----------|--|------------------------|--|-----------|--|------------------------|--|------------------------|---|-------|----|---|--------|--|----|--|--------|--|--|--|------------------------------|---|-------|-----|---|--------|--|----|--|--------|--|--|--|--|--|--|-----------------------|--|-----------------------|--|----|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|--|--|--|--|-----------------------|--|-----------------------|--|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">APPLICATION AS FILED – PART I</th> <th colspan="4" style="text-align: right; padding: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding: 2px;">(Column 1)</th> <th style="text-align: center; padding: 2px;">(Column 2)</th> <th style="text-align: center; padding: 2px;">(Column 3)</th> <th colspan="2" style="text-align: center; padding: 2px;">SMALL ENTITY <input type="checkbox"/></th> <th colspan="2" style="text-align: center; padding: 2px;">OR</th> <th style="text-align: center; padding: 2px;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">FOR</td> <td style="padding: 2px;">NUMBER FILED</td> <td style="padding: 2px;">NUMBER EXTRA</td> <td colspan="2" style="padding: 2px;">RATE (\$)</td> <td colspan="2" style="padding: 2px;">FEE (\$)</td> <td style="padding: 2px;">RATE (\$)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="padding: 2px;">N/A</td> <td style="padding: 2px;">N/A</td> <td colspan="2" style="padding: 2px;">N/A</td> <td colspan="2" style="padding: 2px;">N/A</td> <td style="padding: 2px;">N/A</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="padding: 2px;">N/A</td> <td style="padding: 2px;">N/A</td> <td colspan="2" style="padding: 2px;">N/A</td> <td colspan="2" style="padding: 2px;">N/A</td> <td style="padding: 2px;">N/A</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="padding: 2px;">N/A</td> <td style="padding: 2px;">N/A</td> <td colspan="2" style="padding: 2px;">N/A</td> <td colspan="2" style="padding: 2px;">N/A</td> <td style="padding: 2px;">N/A</td> </tr> <tr> <td style="padding: 2px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="padding: 2px;">minus 20 =</td> <td style="padding: 2px;">*</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td style="padding: 2px;">X \$ =</td> </tr> <tr> <td style="padding: 2px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="padding: 2px;">minus 3 =</td> <td style="padding: 2px;">*</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td style="padding: 2px;">X \$ =</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2" style="padding: 2px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> <td colspan="2" style="padding: 2px;">TOTAL</td> <td colspan="2" style="padding: 2px;">TOTAL</td> <td style="padding: 2px;">TOTAL</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </tbody> </table> <p style="margin-left: 20px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p>   |   |   |                                       |   |                                  |                                       | APPLICATION AS FILED – PART I    |                        |  | OTHER THAN<br>SMALL ENTITY |  |                        |  | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY <input type="checkbox"/> |  | OR |  | SMALL ENTITY | FOR       | NUMBER FILED | NUMBER EXTRA                              | RATE (\$) |   | FEE (\$)         |           | RATE (\$) | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A | N/A       | N/A |                        | N/A |                        | N/A | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A   | N/A | N/A    |  | N/A |  | N/A    | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A | N/A | N/A                          |   | N/A   |      | N/A | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | minus 20 = | *  | X \$ = |        | X \$ = |  | X \$ = | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                         | minus 3 = | * | X \$ =                |  | X \$ =                |  | X \$ = | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  | TOTAL |  | TOTAL  |  | TOTAL | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| APPLICATION AS FILED – PART I   |   |   | OTHER THAN<br>SMALL ENTITY            |   |                                  |                                       |                                  |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)                                | SMALL ENTITY <input type="checkbox"/> |   | OR                               |                                       | SMALL ENTITY                     |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| FOR   | NUMBER FILED  | NUMBER EXTRA                              | RATE (\$)                             |   | FEE (\$)                         |                                       | RATE (\$)                        |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))   | N/A   | N/A                                       | N/A                                   |   | N/A                              |                                       | N/A                              |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))  | N/A   | N/A                                       | N/A                                   |   | N/A                              |                                       | N/A                              |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))   | N/A   | N/A                                       | N/A                                   |   | N/A                              |                                       | N/A                              |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))  | minus 20 =  | *   | X \$ =                                |   | X \$ =                           |                                       | X \$ =                           |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))  | minus 3 =   | *   | X \$ =                                |   | X \$ =                           |                                       | X \$ =                           |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))  |   |   |                                       |   |                                  |                                       |                                  |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 5px;">APPLICATION AS AMENDED – PART II</th> <th colspan="4" style="text-align: right; padding: 5px;">OTHER THAN<br/>SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding: 2px;">(Column 1)</th> <th style="text-align: center; padding: 2px;">(Column 2)</th> <th style="text-align: center; padding: 2px;">(Column 3)</th> <th colspan="2" style="text-align: center; padding: 2px;">SMALL ENTITY</th> <th colspan="2" style="text-align: center; padding: 2px;">OR</th> <th style="text-align: center; padding: 2px;">SMALL ENTITY</th> </tr> </thead> <tbody> <tr> <td rowspan="6" style="vertical-align: top; padding: 2px;">AMENDMENT</td> <td style="padding: 2px;">01/15/2010</td> <td style="padding: 2px;">CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</td> <td style="padding: 2px;">PRESENT<br/>EXTRA</td> <td colspan="2" style="padding: 2px;">RATE (\$)</td> <td colspan="2" style="padding: 2px;">ADDITIONAL<br/>FEE (\$)</td> <td colspan="2" style="padding: 2px;">RATE (\$)</td> <td colspan="2" style="padding: 2px;">ADDITIONAL<br/>FEE (\$)</td> </tr> <tr> <td style="padding: 2px;">Total (37 CFR 1.16(i))</td> <td style="padding: 2px;">*</td> <td style="padding: 2px;">Minus</td> <td style="padding: 2px;">** 39</td> <td style="padding: 2px;">=</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td colspan="2" style="padding: 2px;">OR</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Independent (37 CFR 1.16(h))</td> <td style="padding: 2px;">*</td> <td style="padding: 2px;">Minus</td> <td style="padding: 2px;">***3</td> <td style="padding: 2px;">=</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td colspan="2" style="padding: 2px;">OR</td> <td colspan="2" style="padding: 2px;">X \$ =</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))</td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;">TOTAL<br/>ADD'L<br/>FEE</td> <td colspan="2" style="padding: 2px;">TOTAL<br/>ADD'L<br/>FEE</td> <td colspan="2" style="padding: 2px;">OR</td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))</td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;">OR</td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;">TOTAL<br/>ADD'L<br/>FEE</td> <td colspan="2" style="padding: 2px;">TOTAL<br/>ADD'L<br/>FEE</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td rowspan="6" style="vertical-align: top; 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margin-top: 10px;">Legal Instrument Examiner:<br/><b>JACKIE A. WHITE/</b></p> |   |   |                                       |   |                                  |                                       | APPLICATION AS AMENDED – PART II |                        |  | OTHER THAN<br>SMALL ENTITY |  |                        |  | (Column 1) | (Column 2) | (Column 3) | SMALL ENTITY                          |  | OR |  | SMALL ENTITY | AMENDMENT | 01/15/2010   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |           | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) |           | ADDITIONAL<br>FEE (\$)  |     | RATE (\$) |     | ADDITIONAL<br>FEE (\$) |     | Total (37 CFR 1.16(i)) | *   | Minus  | ** 39 | =   | X \$ = |  | OR  |  | X \$ = |   |     |     | Independent (37 CFR 1.16(h)) | * | Minus | ***3 | =   | X \$ =                           |            | OR |        | X \$ = |        |  |        | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |           |   | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE |  | OR     |   |   |  |       |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |       |  |  |  |  | OR |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE |  |  |  | AMENDMENT |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE (\$) |  | ADDITIONAL<br>FEE (\$) |  | RATE (\$) |  | ADDITIONAL<br>FEE (\$) |  | Total (37 CFR 1.16(i)) | * | Minus | ** | = | X \$ = |  | OR |  | X \$ = |  |  |  | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | X \$ = |  | OR |  | X \$ = |  |  |  | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s)) |  |  | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE |  | OR |  |  |  |  |  | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |  |  |  |  |  |  | OR |  |  |  |  |  |  |  |  |  |  |  |  | TOTAL<br>ADD'L<br>FEE |  | TOTAL<br>ADD'L<br>FEE |  |  |  |
| APPLICATION AS AMENDED – PART II  |   |   | OTHER THAN<br>SMALL ENTITY            |   |                                  |                                       |                                  |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| (Column 1)  | (Column 2)  | (Column 3)                                | SMALL ENTITY                          |   | OR                               |                                       | SMALL ENTITY                     |                        |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| AMENDMENT   | 01/15/2010  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | RATE (\$)                             |                                  | ADDITIONAL<br>FEE (\$) |  | RATE (\$)                  |  | ADDITIONAL<br>FEE (\$) |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | Total (37 CFR 1.16(i))  | *   | Minus                                 | ** 39   | =                                | X \$ =                                |                                  | OR                     |  | X \$ =                     |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | Independent (37 CFR 1.16(h))  | *   | Minus                                 | ***3  | =                                | X \$ =                                |                                  | OR                     |  | X \$ =                     |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                                       | TOTAL<br>ADD'L<br>FEE                             |                                  | TOTAL<br>ADD'L<br>FEE                 |                                  | OR                     |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                                       |   |                                  |                                       |                                  | OR                     |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   |   |   |                                       |   |                                  |                                       |                                  | TOTAL<br>ADD'L<br>FEE  |  | TOTAL<br>ADD'L<br>FEE      |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR       | PRESENT<br>EXTRA                 | RATE (\$)                             |                                  | ADDITIONAL<br>FEE (\$) |  | RATE (\$)                  |  | ADDITIONAL<br>FEE (\$) |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | Total (37 CFR 1.16(i))  | *   | Minus                                 | **  | =                                | X \$ =                                |                                  | OR                     |  | X \$ =                     |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | Independent (37 CFR 1.16(h))  | *   | Minus                                 | ***   | =                                | X \$ =                                |                                  | OR                     |  | X \$ =                     |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))  |   |                                       | TOTAL<br>ADD'L<br>FEE                             |                                  | TOTAL<br>ADD'L<br>FEE                 |                                  | OR                     |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))  |   |                                       |   |                                  |                                       |                                  | OR                     |  |                            |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |
|   |   |   |                                       |   |                                  |                                       |                                  | TOTAL<br>ADD'L<br>FEE  |  | TOTAL<br>ADD'L<br>FEE      |  |                        |  |            |            |            |                                       |  |    |  |              |           |              |   |           |   |                  |           |           |   |     |           |     |                        |     |                        |     |  |       |     |        |  |     |  |        |   |     |     |                              |   |       |      |     |                                  |            |    |        |        |        |  |        |  |           |   |                       |  |                       |  |        |   |   |  |       |  |  |  |       |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |           |  |   |  |   |                  |           |  |                        |  |           |  |                        |  |                        |   |       |    |   |        |  |    |  |        |  |  |  |                              |   |       |     |   |        |  |    |  |        |  |  |  |  |  |  |                       |  |                       |  |    |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |                       |  |                       |  |  |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
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